

## Health Care Demonstration in the Philippines

On Dec. 1, 2013, Phase II of the TRICARE Philippine Demonstration project began; the demonstration is for TRICARE Overseas Program (TOP) Standard beneficiaries who live in the Philippines and receive care in designated demonstration areas. Phase I of the demonstration began Jan. 1, 2013. Within these designated demonstration areas (see the chart below), TOP Standard beneficiaries are required to see approved demonstration providers to ensure TRICARE cost-shares their claims, unless they request and receive waivers from Global 24 Network Services, the TOP subcontractor that administers the health care benefit under the Philippine Demonstration. A phased approach is being used to implement the Philippine Demonstration in multiple locations. The current schedule is as follows:

<b>Phase I</b> Jan. 1, 2013	Metro Manila; Angeles City, Pampanga; and Olongapo City, Zambales  <b>Note:</b> Metro Manila is defined as the metropolitan region encompassing the city of Manila and its surrounding areas in the Philippines. It is composed of 17 cities: the city of Manila, Caloocan, Las Piñas, Makati, Malabon, Mandaluyong, Marikina, Muntinlupa, Navotas, Pasay, Pasig, Parañaque, Quezon City, San Juan, Taguig, Valenzuela, and the Municipality of Pateros.
<b>Phase II</b> Dec. 1, 2013	General Trias, Cavite; Naic, Cavite; Bacoar, Cavite; Imus, Cavite; and Cavite City, Cavite
<b>Phase III</b> July 1, 2014	Iloilo City, Iloilo

If you live in the Philippines and seek care in a designated demonstration area, **you will be responsible for the full cost of care** if you do not seek care from an approved demonstration provider or you do not have a waiver.



If you travel to the Philippines, live in the Philippines outside of a demonstration area or live in a demonstration area but receive care outside that area, you must see a certified provider to ensure TRICARE cost-shares the claim. The Philippine Demonstration does not apply to pharmacy or dental services.

If you need to choose a provider who is not currently certified, TRICARE will cost-share the claim only if the provider participates in the certification process and successfully meets the certification criteria.

Visit [www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm) for more information and to view the Philippine Approved/Certified Provider list. ★



**An Important Note About TRICARE Program Information:** At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor, local TRICARE Service Center or military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.

# TRICARE Covered Services and Exclusions Overseas

**T**RICARE Overseas Program (TOP) Standard is a fee-for-service health care option available to eligible active duty family members, National Guard and Reserve and retired service members and their family members. TOP Standard works like the stateside TRICARE Standard program with similar benefits, requirements and costs. If you show as eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and you are not already enrolled in TOP Prime or TOP Prime Remote, you will be automatically covered by TOP Standard (no enrollment required). With TOP Standard, you manage your own health care and may generally seek care from any host nation provider for covered services without a referral.

However, certain services, including inpatient nonemergency behavioral health care, always require prior authorization (see “Services Requiring Prior Authorization” below for more information).

There are also some health care services that are covered by TRICARE only within the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), but are not covered overseas (e.g., skilled nursing facility care, home health care services and hospice care).

**Note:** Additional limitations on behavioral health care services may apply overseas. ★

## Services Requiring Prior Authorization

**A**s a TRICARE Overseas Program (TOP) Standard beneficiary, you may generally seek care from any host nation provider for covered services without a referral. However, certain services always require prior authorization. A prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. Prior authorizations must be obtained **before** services are rendered or within 24 hours or on the next business day following emergency admissions. It is important to be aware of the services that require prior authorization; some examples include:

- Adjunctive dental care
- Nonemergency inpatient behavioral health care admissions
- Continued stay for inpatient admissions due to psychiatric emergencies
- Outpatient behavioral health care visits for medically diagnosed and covered conditions that exceed the first eight visits in a fiscal year (Oct. 1–Sept. 30)

- Partial hospitalization treatment
- Psychoanalysis, which is a type of behavioral health care
- Residential treatment center care, which provides extended care for children and adolescents with psychological conditions that require continued treatment in a therapeutic environment
- Some prescription medications
- Treatment for substance use disorders

This list is **not** all-inclusive, and each overseas area may have additional prior authorization requirements. Contact your TOP Regional Call Center to learn about requirements in your area, as they may change. For contact information, see the “TRICARE Overseas Program Contact Information” section in this issue. ★

## Connect with TRICARE on the Web

**T**RICARE offers you a variety of ways to find the health information and news you are looking for—all from your computer. Find important benefit and contact information, educational materials and more at [www.tricare.mil](http://www.tricare.mil).

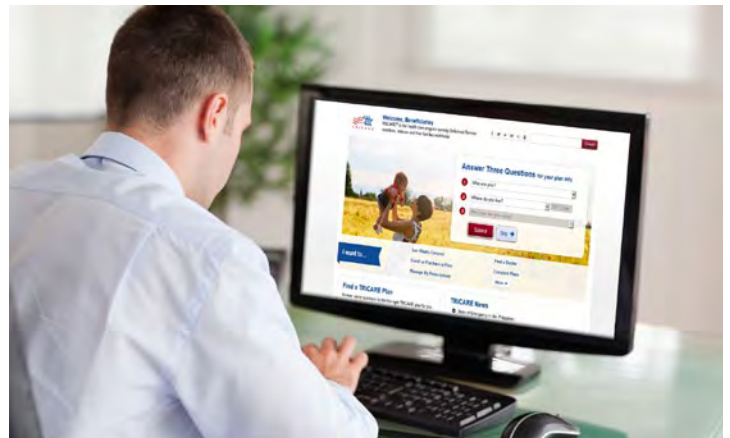
Visit the beneficiary portal of the TRICARE website to view plan and provider information and download forms. Take a moment to fill out the basic information requested on the home page. Based on your sponsor's status and your TRICARE program option, you may have different care options, different costs and special programs available to you and your family.

You can easily manage your benefits at home or on the go. On [www.tricare.mil](http://www.tricare.mil), the "I want to..." section allows you to file or check a claim, view referrals and prior authorizations, see what's covered and more.

To find the TRICARE option that is right for you and your family, try the Plan Finder on the home page at [www.tricare.mil](http://www.tricare.mil). This tool will ask you a series of questions to determine what TRICARE plan or plans you qualify for and which of them best meets your health care needs.

### TRICARE SMART Site: [www.tricare.mil/smart](http://www.tricare.mil/smart)

Learn everything you need to know about your TRICARE benefit by browsing the TRICARE SMART site, where you can download brochures, fact sheets, newsletters, beneficiary handbooks and briefings. These regularly updated materials can provide you with everything from a quick glance to detailed information about your TRICARE benefit.



### TRICARE Overseas Program: [www.tricare.mil/overseas](http://www.tricare.mil/overseas)

Learn more about the TRICARE Overseas Program (TOP) including information about your plan options and your TOP contractor.

### TRICARE Frequently Asked Questions: [www.tricare.mil/faqs](http://www.tricare.mil/faqs)

Search by keyword or category to find answers to the most frequently asked questions about TRICARE. To find more TRICARE online resources, visit [www.tricare.mil](http://www.tricare.mil). ★

## Sign Up for E-mails from TRICARE

**G**et the most recent news and information from TRICARE delivered directly to your e-mail inbox. You can sign up for e-mail updates on health, dental and pharmacy benefit changes; the *TRICARE Overseas Program Standard Health Matters* newsletter; health and disaster alerts; and news about healthy-living tools such as resources to help you quit tobacco. Visit [www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions) to sign up. Enter your e-mail address, select the newsletters and other updates you wish to receive and click "Submit" at the bottom of the page. To sign up for e-mail updates on the TRICARE Philippine Demonstration, visit [www.tricare.mil/philippines](http://www.tricare.mil/philippines). You may also contact Global 24 Network Services to be added to the e-mail distribution list. Visit [www.tricare-overseas.com/philippines.htm](http://www.tricare-overseas.com/philippines.htm) and select "Contact Us" for contact information.

MilConnect is a website of the Defense Manpower Data Center that enables sponsors, spouses and their children (age 18 and older) to access their health care information, program eligibility, personnel records and other information from a centralized location. Sign up to receive regular benefit communications by e-mail instead of postal mail at <http://milconnect.dmdc.mil>. ★



# Update DEERS When You Have a Major Life Change

**T**he Defense Enrollment Eligibility Reporting System (DEERS) is the database for all active duty, National Guard and Reserve and retired service members worldwide, their family members and others who are eligible for military benefits, including TRICARE. The Department of Defense uses the information in your DEERS record to determine your eligibility for TRICARE benefits and programs, as well as your TRICARE region.

Keeping your DEERS information up to date helps to ensure you can access TRICARE benefits, including doctors' appointments, medications and claims reimbursements.

Remember to check your DEERS information regularly, especially when you have a life-changing event such as moving, getting married or divorced or having a child. Only sponsors (or sponsor-appointed individuals with valid power of attorney) can add family members in DEERS. For more information, visit [www.tricare.mil/deers](http://www.tricare.mil/deers).

## Register New Spouses and Children in DEERS

It is extremely important for sponsors to register new spouses and children in DEERS to ensure TRICARE eligibility. To register a new spouse or child in DEERS, the sponsor needs to provide a copy of the marriage or birth certificate and/or adoption papers to the nearest uniformed services identification (ID) card-issuing facility (or DEERS representative in remote locations). Visit [www.dmdc.mil/rsl](http://www.dmdc.mil/rsl) to find an ID card-issuing facility. New spouses and children are also required to show two forms of ID (e.g., any combination of Social Security card, driver's license, birth certificate and/or adoption papers, current uniformed services ID card, or Common Access Card). Once spouses and children are registered in DEERS, they may receive uniformed services ID cards and are eligible for TRICARE Overseas Program (TOP) Standard.

Overseas, children are automatically covered as TOP Prime or TOP Prime Remote beneficiaries for the first 120 days after birth or adoption as long as one other family member is enrolled in TOP Prime or TOP Prime Remote. You must register your child in DEERS and then enroll your child in TOP Prime within 120 days after your child's birth or adoption to ensure that your child has continuous coverage. Eligible children who are not enrolled in a TOP Prime option are covered under TOP Standard.

If your newborn or adopted child is not registered in DEERS within one year after the date of birth or adoption, DEERS shows "loss of eligibility," and the child is no longer TRICARE-eligible until registered in DEERS.

When there is a change in information, each family member's DEERS record must be updated separately. Family members age 18 and older may update their own contact information. To extend benefits for a college student beyond age 21, the sponsor must contact the local ID card-issuing facility to verify what documentation is needed. To find your local ID card-issuing facility, visit [www.dmdc.mil/rsl](http://www.dmdc.mil/rsl).

## Updating DEERS after a Divorce

Sponsors must update DEERS when there is a divorce. For information about documentation requirements, call your nearest uniformed services ID card-issuing facility. Visit [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl) to find a facility in your area.

Former spouses who have not remarried and who may be eligible for continued benefits can check with the sponsor's service to verify eligibility and what documentation is necessary.

Former spouses who are not eligible for TRICARE may not continue seeking health care services under the TRICARE benefit. If an ineligible former spouse continues to seek TRICARE coverage for health care services, the former spouse and/or the sponsor may have to reimburse TRICARE for those services. ★

# Report Your Other Health Insurance to TRICARE for Benefit and Claims Coordination

**K**eep International SOS Assistance, Inc. and your health care providers informed about your other health insurance (OHI) so they can coordinate your benefits and help ensure that your TRICARE Overseas Program claims are not delayed or denied. To download the *TRICARE Other Health Insurance Questionnaire*, visit [www.tricare-overseas.com/beneficiaries.htm](http://www.tricare-overseas.com/beneficiaries.htm) and click on

the "Beneficiary Forms" page. Overseas claims cannot be properly processed if OHI has not been declared with this form. You must also fill out this form if you formerly had OHI and it was terminated. If you live in the Philippines, you need to use the *TRICARE Itemized/OHI Claim Checklist*, available at [www.tricare.mil/forms/philippines.aspx](http://www.tricare.mil/forms/philippines.aspx). ★

## TRICARE Meets Minimum Essential Coverage Requirements

**T**he Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. Minimum essential coverage is the type of health care coverage needed to meet the individual responsibility requirement under the law. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee

will be collected each year with tax returns. If you lose TRICARE Overseas Program Standard coverage based on a sponsor or beneficiary status change or choose not to purchase premium-based TRICARE coverage for which you may be eligible (i.e., TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult or the Continued Health Care Benefit Program), you can find other health care coverage options at [www.healthcare.gov](http://www.healthcare.gov). For more information about the Affordable Care Act, visit [www.tricare.mil/aca](http://www.tricare.mil/aca). ★

## Understand Your Out-of-Pocket Costs

**T**he new fiscal year began Oct. 1, 2013, and now is a good time to revisit your out-of-pocket payment responsibilities under TRICARE. For instance, your catastrophic cap was reset (or started again from zero) on Oct. 1. Other out-of-pocket costs you should review each year include your premiums, copayments, cost-shares and deductibles required under your TRICARE plan.

The **catastrophic cap** is the maximum out-of-pocket amount you pay each fiscal year (FY) (Oct. 1–Sept. 30) for TRICARE-covered services. You are not responsible for any amount above the catastrophic cap in a given FY, except for services that are not covered, and charges from nonparticipating providers in excess of the TRICARE-allowable amount. For active duty family members and TRS beneficiaries, the catastrophic cap is \$1,000 per family, per FY. For retirees, their families and all others, the catastrophic cap is \$3,000 per family, per FY.

**Premiums** are the payments that enrollees in certain TRICARE programs are required to make. Premium amounts are a percentage of the total cost of health care coverage. Premiums for TRICARE Reserve Select (TRS), TRICARE Retired Reserve, TRICARE Young Adult and the Continued Health Care Benefit Program cannot be applied to the catastrophic cap.

Also important are cost-shares and annual deductibles. A **cost-share** is the amount you pay for covered inpatient and outpatient services (other than the annual deductible or the amount not reimbursable under TRICARE). The cost-share depends on your TRICARE option and your sponsor’s status (i.e., active duty or retired). An **annual deductible** is the amount you must pay for covered outpatient benefits before TRICARE begins to cost-share.

A **copayment** is a fixed amount you will pay for prescriptions that are filled at TRICARE retail network pharmacies. Under TRICARE Prime or other health insurance (OHI), you might pay copayments for medical care as well.

If you have OHI, your OHI pays first and TRICARE pays last on your health care claims. You should review the rules of your OHI to understand your out-of-pocket responsibilities under your OHI.

To learn more about the catastrophic cap, cost-shares, annual deductibles and copayments under TRICARE Overseas Program Standard or other TRICARE program options, visit [www.tricare.mil](http://www.tricare.mil). ★

## How To Submit Overseas Claims

**F**or health care services received overseas, you can file claims with International SOS Assistance, Inc. (International SOS) either online or using paper forms.

### Online

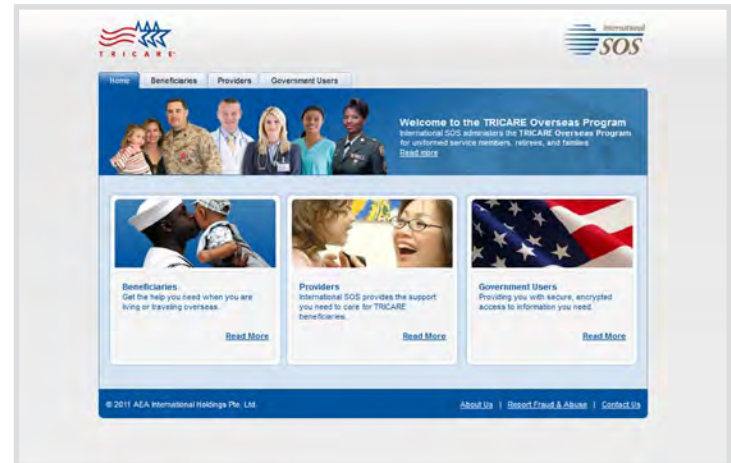
You must register on [www.tricare-overseas.com](http://www.tricare-overseas.com) to file a claim online. Once you register and log in to the “Beneficiaries” landing page, click “Send/View Secured Message” in the “Contact Customer Service” section. To submit a claim, click the “New Message” button, choose “Other” and enter “New Claim” as the subject of your message.

Enter claim details in the fields that appear and input your provider’s name, the claim’s total billed amount and dates of service (dates the procedures or services appearing on the claim were performed). Then, scan and attach your claim documents and bills to the message using the “Attachment” field.

Visit [www.tricare-overseas.com](http://www.tricare-overseas.com) to learn more about filing claims online and to view the International SOS online training course that shows you how. To access the course, launch the “Computer Based Training Module” at the bottom left of the page at [www.tricare-overseas.com/beneficiaries.htm](http://www.tricare-overseas.com/beneficiaries.htm). For more information about the claims-filing process, visit [www.tricare.mil/claims](http://www.tricare.mil/claims).

### Paper Forms

Beneficiaries may download *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment (DD Form 2642)* and instructions from the TRICARE website at [www.tricare.mil/forms](http://www.tricare.mil/forms) or from the International SOS website at [www.tricare-overseas.com](http://www.tricare-overseas.com). You can also obtain forms and instructions at military hospitals and clinics. Visit [www.tricare.mil/mtf](http://www.tricare.mil/mtf) to locate a military hospital or clinic.



Complete *DD Form 2642* and attach a readable copy of the provider’s bill, which must include the following:

- Patient’s name
- **Sponsor’s** Social Security number (SSN) or Department of Defense Benefits Number (DBN) (Eligible former spouses should use their own SSNs or DBNs, not their sponsors’.)
- Provider’s name and address (If more than one provider’s name is on the bill, clearly circle the name of the person who provided the service the claim is filed for. Failing to clearly identify the appropriate provider may delay or prevent claims processing.)
- Date and place of each service
- Description of each service or supply provided
- Charge for each service
- Diagnosis (If the diagnosis is not on the bill, complete block 8a on the form.)

For more information, visit [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment).

... continued on page 7

## Your Guide to Duplicate Claims Submissions

**W**hen you submit a claim to your TRICARE Overseas Program (TOP) claims processor, it can take up to 30 days from the date it was received for the claim to be processed. If you want to check the status of a claim, wait at least 21 days and then contact International SOS Assistance, Inc. Claims customer service representatives can tell you when the claim was received, where it is in the process and when you should expect to receive reimbursement. **If you choose to resubmit a claim, wait at least 45 days from when you submitted the first claim before submitting a duplicate.** Be sure to clearly note on the paperwork “second submission.” This will help ensure that your claim is identified as a resubmission and will help expedite claims processing.

For more information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com) or contact your TOP Regional Call Center and select option 2 for claims assistance. ★

## How To Submit Overseas Claims

... continued from page 6

If you already paid the bill, note that clearly on both the claim form and the bill. **You must submit proof of payment with your claim form.** For more information, see “Submit Proof of Payment with Overseas Claims” in this issue. Always keep a copy of the paperwork for your records. Be sure to use your **overseas residential mailing address** on the claim form. Using a U.S. address may result in payment delays.

Send your claims to the TRICARE Overseas Program (TOP) claims processor for the overseas area where you live. If you

receive care while traveling, file your TRICARE claims in the area where you live, not the area where you received care.

If you have questions regarding proof-of-payment requests, claims submissions or the status of a submitted claim, contact your TOP Regional Call Center and select option 2 for claims assistance. Visit [www.tricare.mil/claims](http://www.tricare.mil/claims) for more information. ★

## Non-Active Duty Service Members Health Care and Host Nation Pharmacy Claims

TRICARE Eurasia-Africa	TRICARE Latin America and Canada	TRICARE Pacific
<b>Send claims to:</b> TRICARE Overseas Program P.O. Box 8976 Madison, WI 53708-8976 USA	<b>Send claims to:</b> TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA	<b>Send claims to:</b> TRICARE Overseas Program P.O. Box 7985 Madison, WI 53707-7985 USA

## Submit Proof of Payment with Overseas Claims

**P**roof of payment is required for all overseas health care and pharmacy claims, including claims for care received when traveling overseas. Proof of payment is necessary for TRICARE to validate claims and safeguard benefit dollars. You can help ensure that your overseas claims are processed accurately and in a timely manner by indicating at the top of your *TRICARE/DoD CHAMPUS Medical Claim—Patient’s Request for Medical Payment (DD Form 2642)* that you paid the provider directly.

When submitting your *DD Form 2642*, you should also include an itemized bill or invoice, diagnosis describing why you received medical care and/or an explanation of benefits from

your other health insurance, if applicable. A canceled check or credit card receipt showing payment for medical supplies or services often satisfies the requirement. If you paid for care or supplies in cash, TRICARE may ask for proof of withdrawal from your bank or credit union and a receipt from your provider.

If you have questions regarding proof-of-payment requests, claims submissions or the status of a submitted claim, contact your TRICARE Overseas Program Regional Call Center and select option 2 for claims assistance. For more information, visit [www.tricare.mil/proofofpayment](http://www.tricare.mil/proofofpayment). ★



## Medical Evacuations for TRICARE Overseas Program Standard Beneficiaries

**T**RICARE Overseas Program (TOP) Standard, TRICARE For Life, TRICARE Reserve Select and TRICARE Retired Reserve beneficiaries may access Department of Defense aeromedical evacuation services when medically necessary and on a space-available basis only. TOP Regional Call Centers may assist with identifying local aeromedical evacuation resources, but are not required to schedule evacuations, coordinate with providers, obtain medical records or coordinate payment. **TOP Standard beneficiaries may be required to pay the full cost of civilian medical evacuation services up front (before the evacuation).**

Each overseas area has its own guidelines and procedures for aeromedical evacuation. Contact your TOP Regional Call Center for more information. ★

## TRICARE For Life Covers Beneficiaries Entitled to Medicare

**I**f you are entitled to Medicare Part A for any reason, you must generally have Medicare Part B to keep your TRICARE benefit, even though Medicare does not cover overseas care. This requirement is based on federal law governing these programs. If you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are automatically covered by TRICARE For Life (TFL).

Medicare covers health care received in the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). In these locations, Medicare pays first and TFL pays second; however, TFL pays last if you have other health insurance (OHI). Medicare also pays before TRICARE when TFL beneficiaries receive care aboard ships in territorial waters adjoining the land areas of the United States and U.S. territories. For more information, visit [www.tricare.mil/tfl](http://www.tricare.mil/tfl).

Because Medicare does not cover health care outside of the United States and U.S. territories, TFL overseas works like TRICARE Overseas Program (TOP) Standard for retirees with the same annual deductible and cost-shares. To seek reimbursement for overseas care, submit a paper claim, a copy of your provider's itemized bill with a diagnosis, proof of payment and, if applicable, your OHI's explanation of benefits to the TOP claims processor. For more information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com) or contact your TOP Regional Call Center. ★

## TRICARE OVERSEAS PROGRAM CONTACT INFORMATION

---

International SOS Assistance, Inc.

[www.tricare-overseas.com](http://www.tricare-overseas.com)

---

### Eurasia-Africa

#### TOP Regional Call Center<sup>1</sup>

+44-20-8762-8384 (overseas)

1-877-678-1207 (stateside)

[tricarel@internationalsos.com](mailto:tricarel@internationalsos.com)

#### Medical Assistance<sup>1</sup>

+44-20-8762-8133

---

### Latin America and Canada

#### TOP Regional Call Center<sup>1</sup>

+1-215-942-8393 (overseas)

1-877-451-8659 (stateside)

[tricarephl@internationalsos.com](mailto:tricarephl@internationalsos.com)

#### Medical Assistance<sup>1</sup>

+1-215-942-8320

---

### Pacific

#### TOP Regional Call Centers<sup>1</sup>

Singapore:

+65-6339-2676 (overseas)

1-877-678-1208 (stateside)

[sin.tricare@internationalsos.com](mailto:sin.tricare@internationalsos.com)

Sydney:

+61-2-9273-2710 (overseas)

1-877-678-1209 (stateside)

[sydricare@internationalsos.com](mailto:sydricare@internationalsos.com)

#### Medical Assistance<sup>1</sup>

Singapore: +65-6338-9277

Sydney: +61-2-9273-2760

---

*1. For toll-free contact information, visit [www.tricare-overseas.com](http://www.tricare-overseas.com). Only call Medical Assistance numbers to coordinate overseas emergency care.*